

WEEKLY BULLETIN

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

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BERTRAM P. BROWN, M. D., Director



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GUY P. JONES
Editor

THE WAR AND PUBLIC HEALTH

Now that war with all of its terrors is fast approaching our Pacific shores, if not the whole continent, public health is receiving its supreme test. For the last 20 years more has been accomplished in the advancement of physical preparedness than has ever been undertaken anywhere at any time. This is true of countries other than the United States, but here we are more familiar with efforts that have been undertaken to make our people physically fit. For the past 20 years, every attribute that would promote and maintain child health has been provided. We have weighed and measured California children, and we have also given many of them complete physical examinations. We have discovered physical defects, although we have not provided universal machinery for their correction. Whatever corrections of such defects that have been achieved have come about largely through volunteer efforts and through the provision of facilities by the parents who were able to afford such facilities.

During recent years, particular attention has been paid to the feeding of children, even to the provision of school lunches. It is doubtful that ever in history so many children in any community have been so well fed and so well educated. The public schools have contributed vastly through education in health. The competitive spirit has been fostered in school athletics, and preliminary training in military tactics has been a part of the curriculum in some of the higher schools. Supervised recreation has formed a large part of the program in most of our public schools in the larger centers of population. In addition to these facilities for the development of physical attributes in

the individual, most of the children in the State have been immunized against smallpox and diphtheria, and to a limited extent against typhoid fever.

The first group of selectees comes within the large group of those who were children in the early twenties and who were the first to receive the special services provided through public health activities in child hygiene. We are now beginning to learn whether or not we have developed a generation thoroughly equipped physically and mentally for the supreme test of war.

But modern war is not fought on the firing lines alone. The test of mental and physical hygiene is with the civilians of today as much as it is with soldiers and sailors. Now is the time when we shall learn whether our people have courage, stamina, and physical and mental endurance to undergo the most severe stresses to which human beings may undergo. In a large measure, it is a test of the accomplishments and results of public health. So much has been done for the citizens of California in the provision of health facilities, most of which are not obvious, and of which the average individual has no conception, that some people may have difficulty in recognizing the fact that the coming days will provide a true test of what public health has done for our people. While undergoing this test, we must continue the maintenance of all our machinery to promote and maintain physical welfare in those of our younger age groups, for this war will not affect the next few years only; it will affect succeeding generations. Even though adults must make greater sacrifices than they have ever dreamed of, there must be no relaxation in the provision of every possible facility that will promote health

in the present generation that will be the citizens of tomorrow.

The "red badge of courage" now becomes man's noblest insignia. The ideals for which we are fighting are, of course, paramount, and in order to fight for those ideals, we must have physical and mental courage of the highest order.

PALO ALTO'S HEALTH

Under the title "Palo Alto's Health in 1941," the Palo Alto City Health Department, Louis Olsen, Health Officer, has issued its annual report. This covers the thirty-first chapter in the health history of Palo Alto, which is the thirty-first year of full-time health services for the city. Mr. Olsen states that the origin and the development of Palo Alto is intimately associated with Stanford University, which celebrated its fiftieth anniversary in 1941. It was not until 1910, however, that the health department was organized on a full-time basis. Palo Alto Health Department fortunately has been able to maintain itself at full effectiveness, because there has been no essential curtailment of its staff or its budget. The success of the Palo Alto City Health Department is due not alone to its skilled personnel, but to an even greater extent to the intelligent, continuous support of the people of the community. Without such support, the department could not have functioned over three decades and it could not have made the enviable record that now stands. No city of California has made a more enviable record in the maintenance of the health of its people. Its statistical measurements are outstanding, but the actual results in lifesaving and in the provision of comfort and happiness can never be measured.

The following summary outlines in brief form the accomplishments of the department in 1941:

Population	17,150
The estimate is for July 1. (U. S. Census, April 1, 1940—16,774.)	
Birth rate	14.7
A total of 252 births to Palo Alto parents was reported during the year. The number is the highest for the city; the rate is highest since 1926.	
Death rate (all causes)	10.3
A total of 176 deaths was reported. Rate increased over figure for 1940. The leading causes of death, with number of deaths for each, were: Diseases of the heart, 52; cancer, 26; intracranial lesions, 21; accidental deaths, 11; diseases of kidneys, 11; pneumonia, 10; early infancy, 6; suicide, 6; arteriosclerosis, 5; diabetes, 4; tuberculosis, 4.	
Death rate (preventable causes)	0.99
There were 17 deaths from preventable causes (for list see detailed report). These are deaths amenable to sanitary control.	
Tuberculosis death rate	0.233
Tuberculosis is still a challenge to health workers.	
Average age at death	63.1
The average age at death has been over 60 years since 1932.	

Infant mortality	27.7
The seven infant deaths were due to congenital malformation, 1; premature birth, 2; injury at birth, 2; and other diseases of first year, 2.	
Communicable disease incidence	24.5
The largest numbers of cases were caused by chickenpox, 157; German measles, 93; total of all cases, 420.	
Diphtheria immunization	76.3
The figure is the percentage of elementary school children protected. There have been no cases of diphtheria reported in Palo Alto since 1937.	
Smallpox vaccination	78.0
The figure is the percentage of elementary school children vaccinated. There have been no cases of smallpox reported since 1931.	
Per capita cost	\$0.95
The per capita cost has been between \$0.80 and \$1 for the last 23 years. The total expenditure for health by all agencies was \$1.57 per capita.	

NOTE.—Birth, death and disease rates are per 1,000 of population. Infant mortality is deaths per 1,000 live births.

BLOOD AND PLASMA BANK PROGRAM

The U. S. Office of Civilian Defense has prescribed regulations for the administration of its blood and plasma bank program. Funds are available for grants to assist approved hospitals in establishing such banks, although only hospitals within 300 miles of the Atlantic, Pacific, or Gulf coasts are eligible. After July 1st, these geographical restrictions may be modified to make grants available to inland hospitals. All applications should be addressed to the Chief Medical Officer, U. S. Office of Civilian Defense, Washington, D. C.

Technical manuals on blood and plasma banks prepared by a committee of the National Research Council are also available for distribution to any hospital.

Hospitals which establish their own blood and plasma banks with the financial assistance of the Office of Civilian Defense are advised to build up reserves by expanding blood collections from relatives and friends of patients who are to receive transfusions. The Red Cross has established 18 donor centers in various parts of the country which are successful in obtaining a supply of blood donors for military purposes.

The maximum grant for one hospital is two thousand dollars. The grant shall cover a period of not more than 12 months, following the approval of the plan, or not beyond June 30, 1943, and may be used only for the purchase of equipment necessary for the preparation of liquid or frozen plasma, or reconditioning or minor alterations of existing quarters.

Such a hospital must have a capacity of not less than 200 beds, exclusive of bassinets, providing that two or more smaller hospitals totaling 200 beds may submit a cooperative project designating a particular one of the participating hospitals as the grantee. The hospital must be on the approved list of the American

College of Surgeons and the Hospital Register of the American Medical Association. It must have on the professional staff a physician whose qualifications are equivalent to those required by the American Board of Pathology for its diplomates.

Further information relative to regulations, including eligibility for grants, approval of plans and method of payment of grants may be obtained from the Chief Medical Officer, U. S. Office of Civilian Defense, Washington, D. C.

WAR INSTITUTES IN HOME ECONOMICS

The Summer Session of the University of California at Berkeley has announced a War Nutrition Institute of 30 sessions, two hours each, to be held from June 29th to July 17th, a War Housing Institute of 15 sessions, two hours each, from July 20th to August 7th, and a Family Economics Institute with 15 sessions of two hours each. The registration fee for the Nutrition Institute is \$17.50 and for each of the others, \$8.75.

The Nutrition Institute will be held under the sponsorship of the California Nutrition Committee and the Summer Session of the University of California. It is a refresher course for professional workers in nutrition and is open to all persons who have had substantial college training in nutrition and who wish to refresh and bring up to date their knowledge of the subject for use in teaching and for action in the war emergency. Two sessions will be held daily from Monday through Friday. At the end of the institute an examination will be offered to those who wish to qualify for the California Nutrition Committee's Teacher's Certificate, signifying competence to offer instruction to lay groups.

Following is the general program for the institute:

June 29th to July 3d

The nutrition problem in America.

The calorie problem.

What's new about proteins? War-time protein provision.

The new perspective on mineral function.

July 6th to 10th

The B vitamins: how many are there now? Where are they?

How are they conserved? Do human beings need them all?

New aspects of ascorbic acid metabolism; flavones and the "grass juice factor."

Vitamin A and the carotenoids; Vitamins D, E and K.

The meaning and techniques of nutritional status studies.

July 13th to 17th

The adequate diet in war-time. Nutritional requirements vs. cost and scarcity.

The special food needs of pregnant and lactating women and of infants and children.

The relation of nutrition to dental health.

Nutrition and delay of senescence.

The problems of commercial processing and of home conservation of nutritive values of foods in war-time.

Mass feeding in emergencies.

Organization and management of classes in nutrition for lay groups.

The program for the Family Economics Institute will cover economic problems in war-time, prices and cost of living, food supply and marketing problems, law enforcement, and many other subjects related to economic problems of families in war-time.

REVISED LIST OF REPORTABLE DISEASES

Reportable Only:

Anthrax

Botulism—if commercial product notify State Department of Health at once.

Coccidioidal Granuloma

Dengue—keep patient in mosquito-free room.

Epilepsy

Food Poisoning

Glanders—report by phone or telegraph.

Jaundice—infectious or epidemic types.

Malaria—keep patient in mosquito-free room.

Pneumonia—specify type of pneumococcus, if known.

Relapsing Fever

Rheumatic Fever

Rocky Mountain Spotted Fever

Tetanus

Trichinosis

Tularemia

Undulant Fever

Reportable and Subject to Isolation:

Epidemic diarrhea of the newborn (in institutions)

Chickenpox

Dysentery—Amoebic

Dysentery—Bacillary—specify type, if known.

German Measles

Influenza

Measles

Mumps

Ophthalmia Neonatorum

Psittacosis

Rabies—in animals. Use special card.

Rabies—in humans.

Septic Sore Throat (in epidemic form).

Trachoma

Tuberculosis—use special card.

Whooping Cough

Syphilis—use special card.

Gonorrhea—use special card.

Chancroid—use special card.

Lymphopathia Venereum—use special card.

Granuloma—Inguinale—use special card.

REVISED LIST OF REPORTABLE DISEASES—Continued

Reportable and Subject to Quarantine and Placarding:

Cholera—report by telephone or telegraph to State Department of Health.

Diphtheria

Encephalitis (Infectious)—specify type, if known.

NOTE: This means all forms of acute encephalitis such as St. Louis type, equine type, and any other epidemic form occurring in California.

Leprosy

Meningitis (due to the meningococcus).

Paratyphoid Fever—specify type A or B.

Plague—report by telephone or telegraph to State Department of Health.

Acute Anterior Poliomyelitis

Scarlet Fever

Smallpox

Typhoid Fever

Typhus Fever

Yellow Fever—report by telephone or telegraph to State Department of Health.

MORBIDITY*

Complete Reports for Certain Diseases Recorded for Week Ending June 6, 1942

Chickenpox

1386 cases from the following counties: Alameda 188, Butte 1, Contra Costa 156, Fresno 31, Humboldt 8, Imperial 16, Inyo 5, Kern 23, Kings 8, Los Angeles 375, Madera 9, Marin 14, Mariposa 3, Merced 3, Modoc 7, Monterey 10, Napa 1, Orange 25, Placer 1, Riverside 6, Sacramento 69, San Bernardino 118, San Diego 85, San Francisco 11, San Joaquin 48, San Luis Obispo 2, San Mateo 15, Santa Barbara 3, Santa Clara 47, Shasta 1, Solano 26, Sonoma 1, Stanislaus 22, Tulare 8, Ventura 17, Yuba 23.

German Measles

1904 cases from the following counties: Alameda 436, Butte 27, Contra Costa 92, Fresno 22, Humboldt 3, Imperial 3, Inyo 5, Kern 19, Kings 134, Los Angeles 229, Marin 5, Mariposa 8, Merced 2, Modoc 2, Monterey 7, Napa 1, Nevada 49, Orange 25, Riverside 49, Sacramento 13, San Bernardino 22, San Diego 145, San Francisco 368, San Joaquin 59, San Luis Obispo 3, San Mateo 51, Santa Barbara 4, Santa Clara 33, Solano 8, Sonoma 23, Stanislaus 25, Tehama 1, Tulare 10, Ventura 3, Yolo 15, Yuba 3.

Measles

5770 cases from the following counties: Alameda 754, Butte 4, Colusa 5, Contra Costa 611, Fresno 70, Humboldt 1, Imperial 63, Inyo 128, Kern 104, Kings 13, Los Angeles 1576, Madera 6, Marin 21, Mariposa 1, Merced 26, Mono 3, Monterey 22, Napa 35, Nevada 66, Orange 244, Riverside 201, Sacramento 66, San Bernardino 555, San Diego 473, San Francisco 136, San Joaquin 33, San Luis Obispo 26, San Mateo 53, Santa Barbara 39, Santa Clara 173, Santa Cruz 8, Shasta 15, Siskiyou 9, Solano 132, Sonoma 52, Stanislaus 20, Sutter 1, Trinity 1, Tulare 10, Ventura 12, Yolo 2.

Mumps

2337 cases from the following counties: Alameda 292, Butte 5, Contra Costa 339, Fresno 100, Humboldt 14, Imperial 102, Inyo 4, Kern 23, Kings 16, Los Angeles 458, Madera 6, Marin 12, Merced 6, Monterey 35, Napa 26, Nevada 14, Orange 62, Placer 1, Riverside 23, Sacramento 58, San Bernardino 257, San Diego 266, San Joaquin 11, San Mateo 9, Santa Barbara 14, Santa Clara 85, Santa Cruz 8, Siskiyou 2, Solano 25, Sonoma 15, Stanislaus 12, Tehama 9, Tulare 17, Ventura 5, Yolo 5, Yuba 1.

Scarlet Fever

115 cases from the following counties: Alameda 3, Butte 1, Contra Costa 2, Fresno 12, Humboldt 1, Kern 11, Kings 2, Los Angeles 34, Madera 1, Marin 1, Modoc 1, Mono 1, Monterey 1, Placer 1, Riverside 1, Sacramento 5, San Bernardino 5, San Diego 15, San Francisco 5, San Joaquin 1, Santa Barbara 1, Santa Clara 1, Solano 3, Sonoma 2, Ventura 4.

* Data regarding the other reportable diseases not listed herein, may be obtained upon request.

Whooping Cough

375 cases from the following counties: Alameda 24, Butte 5, Contra Costa 6, Fresno 39, Humboldt 14, Imperial 1, Inyo 6, Kern 18, Kings 2, Los Angeles 67, Madera 3, Marin 2, Mendocino 2, Monterey 6, Nevada 2, Orange 11, Riverside 5, Sacramento 41, San Bernardino 13, San Diego 18, San Joaquin 26, Santa Barbara 13, Santa Clara 16, Solano 9, Sonoma 7, Stanislaus 12, Tulare 3, Yolo 4.

Diphtheria

16 cases from the following counties: Kings 2, Los Angeles 6, Orange 2, Sacramento 2, San Bernardino 4.

Dysentery (Bacillary)

4 cases from Los Angeles County.

Encephalitis (Epidemic)

2 cases from the following counties: Merced 1, Placer 1.

Epilepsy

33 cases from the following counties: Los Angeles 29, San Francisco 1, Solano 1, Sonoma 2.

Influenza

63 cases reported in the State.

Jaundice (Epidemic)

3 cases from Yuba County.

Leprosy

One case from Los Angeles County.

Malaria

One case from Santa Clara County.

Meningitis (Epidemic)

One case from Los Angeles County.

Paratyphoid Fever

One case from Los Angeles County.

Poliomyelitis

One case from San Diego County.

Rabies (Animal)

12 cases from the following counties: Fresno 2, Los Angeles 8, Monterey 1, San Diego 1.

Rheumatic Fever

5 cases from the following counties: Los Angeles 3, San Bernardino 1, San Joaquin 1.

Tetanus

2 cases from the following counties: Los Angeles 1, Santa Barbara 1.

Trichinosis

One case from Alameda County.

Typhoid Fever

4 cases from the following counties: Imperial 1, Los Angeles 2, Santa Clara 1.

Undulant Fever

3 cases from the following counties: Alameda 1, Fresno 1, Monterey 1.

"It is axiomatic that the quality of health service is dependent upon the character and training of personnel responsible for rendering it."—Mayhew Derryberry.

University of California
Medical Library,
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San Francisco, Calif.

